



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
BOXING & RACING
2ND FLOOR, DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1157
PHONE 615-741-2384
FAX 615-741-5995

Receipt # _____

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. Appropriate fee:

Promoter	\$100.00
Boxer	\$50.00
Manager	\$60.00
Second	\$20.00
Referee	\$80.00
Judge	\$30.00
Timekeeper	\$30.00

THIS SPACE FOR DIRECTOR'S

USE ONLY

DATE RECEIVED _____

FEE _____

PHOTOGRAPHS _____

MEDICAL EXAMINATION _____

***PLEASE NOTE: ALL APPLICATION FEES ARE NONREFUNDABLE**

2. Two passport size photographs of applicant

3. Physical examination form (boxer applicants only)

DATE _____

4. Written test (promoter and referee applicants only)

The undersigned hereby makes application for license as a:

_____ promoter
_____ boxer
_____ manager
_____ second

_____ referee
_____ judge
_____ timekeeper

(If the applicant is a firm or corporation, this form should be executed and signed by a person authorized to represent the firm or corporation)

Legal Name of Applicant _____

Social Security Number _____

Professional Name(s) (if different from above) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Place of Birth _____ Weight _____ Height _____ Eyes _____ Hair _____

Present Employer _____

Address _____

1. Have you ever been convicted of a crime? _____ if so, provide dates,
places, and full explanation. _____

2. List any states or localities in which you hold or have held a license of the type for which you
are applying. _____

3. Have you ever had a boxing-related license refused, suspended, or revoked? If so, provide dates, places, and full explanation. _____

4. (Nonresident boxer, manager, and second applicants only) Do you hold a valid license of the type for which you are applying in your state of residence?_____ If not, why? _____

5. Describe your experience and qualifications for the desired license.

6. If you are applying for a boxer’s license, who is your manager? _____

7. If you are applying for a manager’s license, list the names of all boxers whom you represent.

8. Please furnish the names and addresses of three suitable references.

Name	Address
_____	_____
_____	_____
_____	_____

I hereby affirm that the statements made in this application have been examined by me and, to the best of my knowledge and belief, are true and correct.

By:_____

(signature)

Mail or deliver your completed application with a check or money order in the proper amount (made payable to the State of Tennessee), photographs, and medical information (if boxer applicant) to:

Dan Kelly, Administrator/Investigator
Boxing & Racing Board
500 James Robertson Parkway, 2nd Floor
Davy Crockett Tower
Nashville, Tennessee 37243-1157